


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90048 031 ***150.00

DOCUMENT # P97000007787	
1. Entity Name FIRST COAST OF REGENCY, INC.	

Principal Place of Business 9951 ATLANTIC BLVD SUITE 234 JACKSONVILLE FL 32225 US	Mailing Address 9951 ATLANTIC BLVD SUITE 234 JACKSONVILLE FL 32225 US
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94015720



MOORE CR2E034 (11/03)

2. Principal Place of Business 105 Cannon Ct	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Ponte Vedra Beach FL	City & State 32082
Zip	Country

4. FEI Number 52-2023527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324
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7. Name and Address of New Registered Agent Name SKIP-ATTINGER Street Address (P.O. Box Number is Not Acceptable) 105 CANNON COURT W City Ponte Vedra Beach FL Zip Code 32082
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE SKIP ATTINGER/PRESIDENT Signature, typed or printed name of registered agent and title if applicable.	DATE 2/10/04 (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D ROWELL, KEVIN 2645 LONG WINTER LANE OAKLAND MI 48363	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D SINK, RIDGE 8160 BAYMEADOWS WAY WEST #110 JACKSONVILLE FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D BARLI, PAUL 7028 DALLAS ROAD BROOKLYN CENTER MN 55430	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D SLEIMAN, TONEY 4347-10 UNIVERSITY BLVD JACKSONVILLE FL 33216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S BARLI, PETER 9951 ATLANTIC BLVD, SUITE 235 JACKSONVILLE FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Skip Attinger SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2/10/04 Date Daytime Phone #